•		TENT APPLICATION		
	DECLARATIC	N AND POWER OF AT	TORNEY	
ATTORNEY DOCKET	NO. M61.12-0603			MS DOCKET NO.
MS307041.01				
As a below named inv	entor, I hereby declare that:			
My residence/post off	ice address and citizenship are	as stated below next to	my name;	
I believe I am the orig	inal, first and sole inventor (if	only one name is listed	below) or an original, f	irst and joint inventor (1
plural names are liste	d below) of the subject matter	which is claimed and	l for which a patent is	sought on the invention
entitled: FULL-FORM	LEXICON WITH TAGGED DA	ATA AND METHODS	OF CONSTRUCTING A	ND USING THE SAME
the specification of wh	ich is filed herewith unless the	following box is checke	d:	
() was filed (on as US Appli	ication Serial No. or PC	T International Applicat	ion
Number	and was amen	ided on	(if applicable).	
I hereby state that I ha	ve reviewed and understood th	ne contents of the above	-identified specification	, including the claims, a
amended by any amen	ndment(s) referred to above. I	acknowledge the duty	to disclose all informa	tion which is material to
patentability as define		•		
•				
Foreign Application(s) and	or Claim of Foreign Priority			
I hereby claim foreign prior	ity benefits under Title 35, United State	es Code Section 119 of any fo	reign application(s) for patent	or inventor(s) certificate listed
below and have also identi	fied below any foreign application fo	r patent or inventor(s) certi-	ficate having a filing date bet	ore that of the application of
which priority is claimed:			T	
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED	UNDER 35 U.S.C. 119
			YES:	NO:
			YES:	NO:
			•	
POWER OF ATTORNEY:	by appoint the following attorney(s) an	d /or agent(s), associated wi	th	
AS a funded hivemot, I herei	y appoint the tonowing attorney(s) and	er, or affective, appointment		
		Customer No. 27366		
	and transact all business in the Patent	and Trademark Office conne	ected therewith.	
Send Correspondence to: Direct Telephone Calls To:				

Contact Name

Contact Phone Number

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City, State and Zip Linda P. Ji 612-334-3222

DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO. M61.12-0603

MS307041.01

MS DOCKET NO.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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J/17/206 4

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